U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

FILED 2008 JAN 11 AM

PLAINTIFF	COURT CASE NUMBER
Carmen Powell	07CV1836 JAH (JMA)
DEFENDANT	**TYPE OF PROCESS**
Sgt Cervantes re el al	summons and complaint

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Sgt Cervantes

AT ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
315 4th Ave, Chula Vista, Ca 91910

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Carmen Powell
372 Bay Leaf Dr
Chula Vista, Ca 91910

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	
Check for service on U.S.A.	~~1X~~ void cp

RECEIVED 2007 DEC 27 A 1:41 U.S. MARSHAL SOUTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):*

Fold

619 691-5151 or Risk Management 619 409-5982
315 4th Ave — 276 4th Ave
Chula Vista, Ca 91910 — Chula Vista Ca 91910 Off Power/Individ Capacity

Signature of Attorney or other Originator requesting service on behalf of:	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER	DATE
[signature]		619 420-4304	12/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only first USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	1	98	98	[signature]	12/27/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
Sgt. Saller, Vern CVPD	

Address *(complete only if different than shown above)*	Date of Service	Time (am) / pm
	12/31/07	1030 am
	Signature of U.S. Marshal or Deputy: [signature]	

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)